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# the CHILD



# BRITAIN IMPROVES SOCIAL SERVICES TO CHILDREN

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**W**HEN I speak of social services to children I mean the services which will give every child in the community the maximum opportunity of developing his powers and his personality for his own happiness and for the benefit of society.

It would once have been true to say that these services would be wholly conditioned by the social and economic development of the community in which the child was living. Today we know that that statement must be qualified.

Already it is one of the outstanding characteristics of the troubled, extraordinarily interesting age in which we live, that the developments or the regressions of one country can no longer be regarded as being of purely national interest.

In the field of child care this is especially true. It is a sphere of activity in which the nations of the world admit to a community of interest, so that an exchange of knowledge and experience between them is gradually becoming an accepted feature of international work. When, therefore, I discuss developments in my own country, I know that you will consider them from two points of view—what they mean in terms of social advance in the national sphere, and what, if anything, might be applicable internationally.

It will perhaps sharpen up your perspective of current developments if we consider for a moment the position of children's services in Great Britain before the recent hideous war.

In the sphere of health, we had a full-scale medical and maternity and child-

welfare service, though the provision of treatment facilities was by no means fully adequate.

In the sphere of education, school attendance was compulsory for all children between the ages of 5 and 14, and such ancillary social services as existed were rarely staffed by trained workers.

The child-guidance clinics numbered roughly 60 for the whole country, and of these about one-third were to be found within the school medical service. A steady flow of trained psychiatric social workers was coming from our only

mental-health training course, at the London School of Economics. You will, I hope, know that it was the Commonwealth Fund in America which provided, in 1927, the first social-service fellowship for training in the United States, when the first of a succession of British social workers was enabled to take the requisite psychiatric training.

The child neglected in his own home had the protection of the Children and Young Persons Act of 1933, but the preventive or constructive action which could be taken under that act was very limited so long as the child remained in the care of his own parents. Great progress has been made in the treatment of children committed to approved schools through the juvenile courts, and the old-fashioned type of "reformatory" has pretty well passed away with that name, which has disappeared from the official vocabulary.

The child who required care away from his own home for any of the reasons with which you are familiar—death, illness or incapacity of parents,

In Great Britain 5 shillings a week is allowed to every family for each child after the first.

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The new British law concerning the care of children specifies that in general the preferred method of taking care of a child who is in need of a substitute home is private foster-home care.

desertion, illegitimacy, broken home, and so forth—fell somewhat fortuitously into the hands of the Poor Law authorities or of some voluntary body, and he received an upbringing which was generally of a more or less institutional type.

All children boarded out with foster parents were subject to supervision up to the age of 9, and only those for whom local authorities had direct responsibility were supervised after that age. Within the local government authorities, responsibility for children was divided between the public-assistance, education, and public-health departments, with the result of varying standards, overlapping in some areas, and gaps in others. There was no specific provision for employment of trained social workers, though they were to be found in a few areas—notably in London.

Then came the war years, with their profound dislocation of family life; evacuation from densely populated areas; the impact of city populations and city problems on rural homes and communities; the jolt to the public conscience and to public understanding which this impact gives; and the realization of the need for social workers, for increased maternity and child-welfare facilities, for skilled psychiatric advice.

Thus there came about the beginnings of a movement to employ trained and

experienced social workers, both by the central Government Department concerned—the Ministry of Health—and by the local authorities. We remember gratefully the help given at that time by a small band of trained Canadian social workers who came over to work in the evacuation services and helped to stimulate a better understanding of the principles and methods of boarding out.

Toward the close of the war, public opinion was first shocked and then startled into action by a grievous disclosure of neglect, ill-treatment, and subsequent death of a child boarded out through a local authority. As a result, the Care of Children Committee was appointed by the Government to "inquire into existing methods of providing for children who, from loss of parents or from any cause whatever, are deprived of a normal home life with their own parents or relatives; and to consider what further measures should be taken to ensure that these children are brought up under conditions best calculated to compensate them for the lack of parental care."

This committee, which met under the chairmanship of Miss Myra Curtis, issued its final report in September 1946, a social document of great interest and value, containing recommendations of far-reaching importance which are, for the most part, enshrined in the Children Bill, which is now be-

fore the Houses of Parliament and likely to become law within the next 2 or 3 months. [The bill became law June 30, 1948.—Ed.]

Without waiting for legislation, one important administrative recommendation of the committee was carried out when central responsibility for the services concerned was vested in one Government Department, namely, the Home Office, the central Department already concerned with juvenile courts and legislation for the protection of children.

The Children Bill is designed to provide fully for the needs of children deprived of a normal home life and to have them in continuing care until the age of 18. To this end it requires that the responsible local authorities, namely, the county councils and county borough councils, should appoint a new *ad hoc* committee to be called a children's committee, which would be charged with the sole duty of caring for such children, and should appoint a children's officer, who, with the assistance of any additional staff required (whom it is also the duty of the authority to appoint) would carry out the work for which the committee is responsible. The children's officer is expected to be a person (usually a woman) of the best qualifications educationally and in child work with administrative experience. This type of appointment, which carries with it a relatively high administrative status, is quite new in our social-work field.

#### When a parent cannot care for the child

Among the children for whom the bill provides are those who hitherto could be dealt with under the Poor Law, that famous Elizabethan statute, which, with its wide powers and all the historic variations in its interpretation, will come to an end on July 5, 1948.

The wording of the Children Bill makes it clear that destitution will no longer be the sole factor which determines whether or not the local authority has a duty to provide care. The authority must now have regard to any circumstances which make it impossible for a parent or guardian to provide "proper accommodation, maintenance, and upbringing," though its intervention will depend on its being necessary in the interests of the child's welfare. There are safeguards for parental



rights which make it impossible for the local authority to assume responsibility except as a temporary measure, without the consent of the parents if they are available, unless by order of a court.

A further group of children concerned is made up of those who, for reasons of neglect, delinquency, or being beyond control, are committed through the juvenile court to the care of the local authority or are placed in "approved schools" or "remand homes," which you would, I think, describe as temporary detention homes. Under the previous act these functions were discharged by local education authorities, which could refuse to assume responsibility in certain cases. Under the Children Bill the local authority, through its children's committee, is obliged to accept the responsibility imposed on it by the court.

#### **To protect all children who are away from home**

The children's committee will also be responsible for the supervision of children placed in foster homes by their parents or guardians and for whom payment is made—a responsibility now to be transferred from the public health authorities, with whom it rested under the Public Health Act of 1936. This provision will now protect all children and not only those under the age of 9.

The children in the care of voluntary societies, whether in children's homes, or boarded out with private foster parents, form the only other large group affected by the bill. Supervision of these children is not vested in the children's committee of the local authority, but in the central Department, whose inspectors have, of course, a wide range of functions under the bill.

There is no time to examine the Children Bill in great detail, and, as a Government servant, I could not attempt a critical analysis, particularly while it is a measure that is still being debated in Parliament. There remain, however, a few other important provisions to which I should like to refer.

Hitherto Government grant has not been available except for children whose care was required by the decision of a juvenile court. In future, the State will pay 50 percent grant for the services performed by local authorities, and may pay grant to voluntary societies for the improvement of their children's homes. This grant would come from

central taxation; the balance would be paid from the taxes which are levied in their areas by the responsible county and county borough courts in the usual way.

In planning for the care of children needing a substitute home the bill specifies private foster-home placement as being, in general, the preferred method. It is recognized that there will be children for whom this type of care is not necessarily suitable, and for such children group homes will continue to be provided.

In developing the type of care that is needed, the emphasis will be on small homes, on family grouping of children of mixed ages and sexes, and on a normal relationship with school and the outside community. Care will be taken to ensure that these children have the same freedom of choice as to types of employment when they leave school that other children have. Although some large homes will continue to exist for some years to come, efforts will be made by staff training and in other ways to reduce the institutional element to a minimum.

The bill further provides for the setting up of reception homes, with facilities for the observation of the physical and mental conditions of children, and of hostels for young people over school age and under 21, where they may live while going out to work or undertaking further education or training. In these hostels, the local authority may also accommodate other young people, which will facilitate the association of the two groups. The bill provides too for the appointment of an Advisory Council on Child Care, which will be made up of persons specially qualified to deal with matters affecting the welfare of children.

The importance of providing for the training of all types of staff employed in the care of children was strongly emphasized in the Curtis committee report. The members regarded this matter as fundamental and issued an interim report, which dealt specifically with the training of staff working in children's homes. As soon therefore as the Home Office became centrally responsible for these services, a Central Training Council in Child Care was appointed, and arrangements were made for the initiation of suitable train-

ing courses. Four universities started courses in the autumn of 1947 for students with such previous qualifications and experience as would fit them for a specialized 1-year training course for work as supervisors of training, and a number of local education authorities have undertaken training courses for men and women who will work in children's homes.

The emphasis in syllabus is on the child as an individual, his development, and his needs, and all subjects taught are to be related to that central theme. In planning the courses and in making arrangements for practical training, which has an important part in all the courses, advice and cooperation from the Central Training Council and from the central staff is fully available. Close contact is also maintained with voluntary societies, some of which have done valuable pioneering work in the field of training, and the needs of existing staffs are being met by various types of refresher course. The cost of training to the student in all types of courses is covered by grants for tuition and other expenses, and maintenance where circumstances justify, and this applies to the staff of public and private agencies alike.

I have dwelt on the Children Bill first because it is the measure of greatest current interest, awakening much popular support and exclusively concerned with the welfare of a special group of children. It should be remembered that it is not an isolated measure but follows a series of measures designed for the improvement of social services and applicable to *all* children—not only those who require care outside their own family.

#### **For increased economic security**

As well as the comprehensive provisions of the National Health Service Act, shortly to be implemented, and the children's allowances of 5 shillings a head per week after the first child, payable under the Family Allowances Act, 1945, we have the increased economic security of the family which is provided under the National Insurance Act to meet periods of sickness and unemployment, and the National Assistance Bill, whose provisions will assist when additional help is required.

Finally, the Education Act of 1944



Establishment of more nursery schools in Great Britain was encouraged by the Education Act of 1944. This act is one of a series of recent measures for the welfare of British children.

stands out as perhaps the most far-reaching measure of all. This provided for the raising of the compulsory school-leaving age to 16 years—15 being at present the operative age—made primary and secondary education free, encouraged the establishment of more nursery schools and school-meals services, empowered local education authorities to provide clothing where necessary, and placed on them the duty of seeing that adequate recreational facilities for children and young persons exist in their areas. A tremendous advance in provision for handicapped children of all types will result from the act, which not only requires special schools of the more usual type but also envisages boarding homes and schools for some children who are maladjusted, debilitated, or handicapped in other ways.

In spite of this wealth of legislative provision, it cannot be claimed that, even now, the safeguards for the individual child are complete.

The Curtis committee felt it to be right to draw attention to a problem with which they have not been asked to deal, namely, the child neglected in his own home, and many witnesses who appeared before that committee stressed the need for further action in this direction.

We have, as yet, no statutory provision for the prevention of neglect of all types which would provide a constructive service designed to operate in the early stages.

Until this gap is filled, social workers cannot feel satisfied. On standards of

training, in preventive work, and in case work generally we have much to learn yet from the experience of other countries.

Nevertheless, when one considers the step forward that has taken place during and since the war, when one realizes the strength of public opinion which is behind any measure designed to improve the lot of children, one cannot but feel encouraged.

#### Emphasis on family homes

The spotlight is on the Children Bill today and what we do for deprived children. We are creating this children's service largely because of our determination that the special needs of these children should never again be overlooked. Nevertheless, in all that is to be done for their care the emphasis is again and again on supplying the family background that should be the birth-right of every child. Social workers everywhere recognize that the most elaborate service one could devise for children could never succeed if this fundamental point were lost sight of.

You will, I hope, forgive me if I have devoted too much time to this new measure. It is new in the sense that it will come newly on the statute book, that it will provide new safeguards and new possibilities for a big group of children needing every help and care; that it gives a new emphasis in the administration of our children's services.

It is not particularly new in the principles of social service to children which it enunciates, and we should be thankful indeed for that fact.

Why is it that the nations seem to get closest to one another when they are considering the welfare of children? Is it so because, broadly speaking, they are conscious of a profound community of purpose? The child does not require artificial settings, special communities, experimental relationships.

I think the only serious danger for child-welfare workers is that in seeking for new methods, we sometimes mistake the method for the goal. In caring for children, can we not best do so by sticking faithfully to the pattern—respect for the individual, helping him to grow in the way that is right for him—not according to some special ideas of our own—protecting and providing the security of family life and of a growing relationship with a normal community?

It is because people working in the field of child welfare know the importance of these things that they can share in the work and experience of different countries with relatively little difficulty, that they can adjust to environmental and cultural differences and still rely on their fundamental principles.

When I saw a lovely home for refugee children in Sweden, with its light, gay rooms, its sense of space and freedom, I did not say to myself, "That is all very suitable for Swedish children." I said, "That is the atmosphere we should try to get in our own children's homes." When I visited a home for Jewish children in France near Paris and realized the soundness of the relationship between those children and the woman who had the care of them, I felt a keen desire to study the methods by which she had been able to give them so great a confidence in her and in themselves, and so the tale would go on if there were time to tell it.

We all know that the child enshrines the future of the race. Those of us who work for children can only be humble before that thought and ask ourselves again and again if our plans, our policies, our methods will help him to grow to a life of personal stability and security, so that he may be able to face all men in peace and love, in confidence and courage. That is the aim of all of us, and we must help one another to realize it.

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## COMMITTEE ADVISES UNICEF ON FEEDING PROGRAMS

**W**HEN the United Nations International Children's Emergency Fund (UNICEF) was created, it realized that it needed expert technical advice on nutrition in connection with its program of supplementary feeding for children in war-devastated countries.

Accordingly it requested the Food and Agriculture Organization and the Interim Commission of the World Health Organization to appoint a Joint Committee on Child Nutrition to advise the Fund on the best way of carrying out its program.

The committee was specifically asked by the UNICEF to give its attention to the following:

1. The basic principles of nutrition in planning the purchase and distribution of foodstuffs and in the development of feeding programs for pregnant women and nursing mothers, infants, and preschool children, children of school age, and adolescents.

2. The use of dried whole milk, dried skim milk, and cheese in the Fund's operations, and the relative cost of equivalent nutrients in those various forms of milk and milk products.

3. The value, in the Fund's operations, of the provision of vitamin-containing foods, such as cod-liver oil and milk, as compared with that of the provision of vitamins in the form of concentrates or multivitamin and mineral preparations alone.

4. Recommendations about meals for preschool children (as well as meals for children of school age).

5. The relative value of a hot cooked meal in contrast to a cold meal like the "Oslo Breakfast."

In its report to UNICEF, the committee deals with these questions and others that are important in connection with the nutrition of pregnant and nursing women, and of children, and considers how UNICEF can best make use of its resources in assisting governments to improve the nutrition of these groups.

First, it describes the present situation in various countries and shows the great need for activities such as those which UNICEF is undertaking.

Secondly, it outlines the nutritional principles that should underlie practical feeding programs.

Thirdly, it makes a series of specific recommendations about the foods that may be provided by the United Nations International Children's Emergency Fund and by the governments, in order to fulfill, as adequately as possible, the requirements of necessitous groups.

### Children in bad condition

When the committee met, in July 1947, the members from Czechoslovakia, Greece, Hungary, Italy, Poland, and China presented a dismal picture of the state of children in these countries. A member of the staff of UNRRA described similar conditions in countries not represented at the meeting (Albania, Austria, and Yugoslavia).

It is clear from these statements, says the report, that in all these countries the children are undernourished and in great need. All these countries were ravaged by the recent war, with its exceptional atrocities, and are now struggling to recover. In all of them mass migration of populations took place. All have been impoverished. Their peoples have suffered and still suffer

from lack of adequate food and shelter and bad general hygienic surroundings.

The result is that large numbers of children in these countries are in need of help—of food, clothing, shoes, linen, soap, and medical supplies.

The consequences of underfeeding and diets of poor quality are shown in the retarded growth and development of children, the report continues.

Those in the age group from 7 to 14 years have suffered during important years of their lives, receiving little special attention during the war, as they were beyond the age of infancy. Amenorrhea is common among girls and young women. The morbidity and mortality rates among children are high, much higher than in prewar years. There has been a tragic increase of active tuberculosis; malignant forms are frequent. In many countries, the number of orphans and homeless children is overwhelming. Large numbers of children have been crippled and disabled by war.

### Infant death rate high

The report goes on to say that maternal malnutrition and undernutrition have led to a fall in the average weight of newborn babies. The number of premature births and the infant mortality rate are both substantially above prewar levels. Lack of proper food, especially an insufficient supply of clean milk for pregnant and nursing women and infants, is one of the most important causes of this high infant death rate.

The primary nutritional deficiencies result from insufficient calories and protein, the committee says. With the exception of rickets, severe specific vitamin deficiencies are not as common as might be expected. It is likely, however, that the reduced caloric intake is partly responsible for this fact. Sick-ness appears to precipitate manifestations of vitamin deficiency. Nutritional anemias are common and the incidence of goiter has increased in some countries. Skin diseases are widespread and lack of vitamins has probably contributed to their prevalence.

According to the report, efforts to organize an efficient service to deal with all these problems have been handicapped by lack of money, by the difficulty of coordinating the activities of the many organizations that were cre-

The Report on Child Nutrition, which is excerpted here, is available in the five official languages of the United Nations. Copies may be had on request from the United Nations International Emergency Fund, 405 East Forty-second Street, New York 17, N. Y.



ated for immediate action after the liberation, by great scarcity of hospitals and other institutions, and especially by lack of trained personnel for child care.

Since the war, UNRRA averted several very real famines and assisted many countries to improve the health and welfare of their children.

With the ending of UNRRA supplies, however, the outlook for the future causes great anxiety; not only may the gains made be lost, but a serious crisis may develop.

It is hoped by the committee that UNICEF may help to prevent that crisis and be the means of perpetuating feeding schemes in these countries.

Besides describing the general condition of the children in the war-stricken nations of Europe and in China, the committee report sets forth in some de-

population, the report says, the still-birth rate and the infant mortality rate are high, partly owing to an increase in premature births, partly also because infants of undernourished mothers are frequently underweight and may suffer other defects in health.

The committee recommends that supplementary feeding of mothers should be an integral part of the UNICEF program, and says that the advantages of breast milk to the infant are so great as to justify special effort to supplement the diet of the nursing mother as long as she is able to nurse her baby, up to a reasonable age for weaning.

When safe milk for artificial feeding cannot be had, says the report, breast feeding becomes more vital.

Concerning the nutrition of children between infancy and school age, the re-

ily meal can now be added gradually to the diet, provided they are divided into manageable pieces, and provided also that these foods are given in addition to milk, rather than in place of it.

The preschool child, the report goes on, may not show the ill effects of an inadequate diet in such an immediate and striking way as the infant, so that serious nutritional defects may occur unsuspectedly unless measures are taken to prevent them. Very careful attention, the committee says, should be given to fulfilling the requirements of this age group.

#### Can use foods available locally

In selecting the foods to meet the essential needs, under emergency conditions, of children of school age, the committee says that full use can be made of all foods available to the population of the area. Children should, however, have first call on foods that are rich in minerals, vitamins, and animal protein.

Concerning the period of adolescence, the report points out that in the time between puberty and the cessation of growth, the nutritional requirements of children reach high levels. For many children this period comes after leaving school, and for this reason their special needs are often neglected.

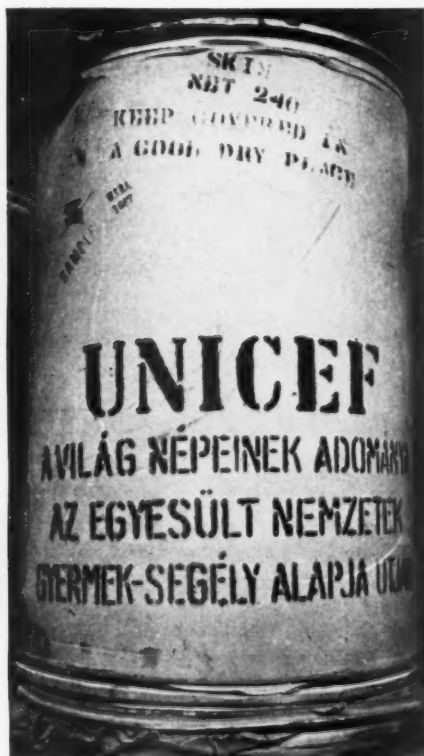
Since, moreover, adolescents may have been underfed for longer periods than younger children, they may require more nutritional rehabilitation than any other members of the population and may need special attention in feeding programs.

Experience in postwar Europe has shown that adolescent children are frequently very seriously affected by the food shortages, the report states.

At this age, the committee continues, sex differences are sufficiently great to warrant two sets of figures in recommendations for calories and specific nutrients. Although an average figure may be used in making allocations, feeding programs for boys and girls, particularly those in institutions, should be planned in relation to sex.

The committee also describes the needs of children with tuberculosis and those who are seriously undernourished.

Seriously undernourished children, the report says, may have small appetites and be unable to tolerate the mixed



Children should have the first call on foods rich in minerals, vitamins, and animal proteins.

tail the principles of child nutrition. It discusses the nutritional requirements of children at various ages, and of mothers during pregnancy and the nursing period.

The report notes especially the relation of the nutrition of the mother and that of the baby during the prenatal and nursing periods. In an ill-nourished

port notes that growth during the preschool period is slower than in infancy. It is, nevertheless, still rapid, and to sustain it the child needs a diet rich in proteins of high quality, in calcium and iron, and in all the essential vitamins.

As the child acquires teeth, says the report, the choice of foods is greatly widened. The basic foods of the fam-

diet of solid foods appropriate for healthy children of the same age.

A mixture of whole and dry skim milk, with the addition of eggs, can be given in semisolid form to such a child until he is able to eat ordinary food.

Medicinal concentrates of vitamins and minerals can be given to meet the child's increased needs and hasten rehabilitation.

Children suffering from tuberculosis need more than the usual quantities of protein, ascorbic acid, and vitamins A and D, says the committee.

These needs can be met by providing

governments and UNICEF will work together in the planning and execution of feeding programs.

The committee recommendations concern supplementary feeding in general with particular reference to the part which may be played by UNICEF.

Feeding programs, according to the recommendations, should aim at supplying about one-third of the minimum calorie recommendations (except in the case of infants). Part of the necessary calories will be obtained from foods available in the countries concerned (cereals, potatoes, vegetables, and so

stituted skim milk, from an early stage of pregnancy or at least during the last 6 months. The provision of a smaller quantity may seriously affect the weight and health of infants.

The use of skim milk may necessitate the addition of vitamin A to the maternal diet unless this already contains adequate amounts of green vegetables and carrots.

It is further recommended that pregnant and nursing women should be given a sufficiency of vitamin D.

Pregnancy and lactation greatly increase the need for the nutrients which the mother must provide for her infant, and care should be taken to see that these are supplied.

Dried whole milk should be provided for babies under 1 year of age who are in need of milk. Babies above this age who are below eight kilograms in weight should also be supplied with dried whole milk.

It may be necessary in some countries to supply sugar and refined cereals for infants.

Infants should be given at least 400-500 international units of vitamin D and 3,000 international units of vitamin A daily, and this may be extended up to the age of 2 years. From 3 to 5 grams of cod-liver oil will supply about these amounts. It is suggested that the Fund should provide these vitamins in this form.

#### **Welfare clinics can help**

Supplementary feeding for infants should be planned and carried out in association with welfare clinics.

From the standpoint of nutrition, children between infancy and school age are a most important group, which, though well looked after in some countries, has been neglected in others.

The main supplement provided by UNICEF should be dried *skim* milk the report says; some fat is also desirable. If the amount of spray-dried milk which can be obtained by UNICEF is limited, it is suggested that the preschool group should be supplied with it before older children. The total supplement of milk recommended is 600 cubic centimeters daily; it is recognized, however, that UNICEF may be able to supply only 400 cubic centimeters of reconstituted skim milk. Children between 1 and 2 years of age who are re-



Millions of children in the war-devastated countries are receiving far too little food today.

whole milk, liver, eggs, fruits, and abundant vegetables; ascorbic acid can also be given in synthetic form and vitamins A and D in cod-liver oil or as concentrates.

#### **Present diet defective**

In offering its recommendations, the committee points out that pregnant women, nursing mothers, and children of all ages are in need of supplementary feeding in the countries with which UNICEF is likely to be concerned. Their present diet is defective both in quantity and quality.

It is assumed, the report says, that

forth), while supplementary foods of high nutritive value should as far as possible be provided by UNICEF.

The aim in supplementary feeding should be to provide as large amounts as possible of animal protein, calcium, and vitamins, these being the nutrients of which mothers and children are in most need.

Attempts should be made to provide one liter of milk daily for all pregnant women and nursing mothers. If it is not possible at first to provide this amount, the committee recommends that UNICEF try to supply a minimum of 600 cubic centimeters daily of recon-



ceiving skim milk may need to be supplied with sugar.

Preschool children should be given 5 grams of cod-liver oil daily, if sufficient quantities are available after the needs of infants have been met.

The aim should be to provide preschool children with a hot meal (including the milk supplement) during the day, according to the report. This can conveniently be provided in kindergartens, schools and day nurseries, where there are such institutions.

#### **Milk most important**

The main supplement to the food of children of school age should be milk, of which 400 cubic centimeters daily should, if possible, be supplied by UNICEF as reconstituted skim milk, the committee says. Another 200 cubic centimeters should be provided from local sources, if this is humanly possible.

Additional calories may be supplied in the form of margarine, fortified by vitamins A and D, and by other fats and oils, including lard, some of which might also be fortified. Fortified fats are to be preferred.

Meat or fish would be a most desirable supplement for this age group. The dried milk, and meat, may be given in soup, if a hot meal is being supplied.

It is assumed that the potatoes, cereals, and other foods necessary to bring this meal up to the recommended calorie level will be provided by the governments of the countries receiving help from UNICEF.

For the reasons mentioned earlier in the report, the committee recommends that special attention should be given to adolescents.

Supplementary feeding for this group should be organized wherever practicable; for example, in factories and technical schools.

In addition to the general recommendations, the committee offers some special ones, as follows:

1. The committee is generally in favor of a hot meal of high nutritive value for children of the various age groups, and the provision of such a meal should be the objective in the feeding programs with which UNICEF is associated.

Account, however, must be taken of the facilities for group feeding which

exist in the different countries. It is possible to provide a cold meal or snack of equal nutritive value, a familiar example being the "Oslo Breakfast."

2. It is not recommended that UNICEF should spend its money on cocoa and sugar to be used in making skim milk more palatable, because the nutrient content of these foods is low in relation to their cost.

The resources of UNICEF should be utilized in providing the greatest quantities of nutritious food to the greatest possible number of recipients.

It is recognized, however, that in some countries it may be necessary to provide sugar and cocoa to a limited extent for the above purpose, particularly when roller-process dried skim milk is supplied and cannot be included in soup because it is more convenient to provide an uncooked supplementary meal.

3. Supplements of iodine to mothers and children are desirable in countries in which goiter has become more common during recent years, and also supplements of iron where there is widespread microcytic anemia.

Where tuberculosis is rife, special supplements of cod-liver oil may be required for older children.

4. Vitamins A and D can be provided in the form of concentrates, as well as in the form of cod-liver oil. A deciding factor in making purchases should be the cost per international unit.

Ordinary diets will normally supply adequate amounts of vitamin C, but if this is not the case synthetic ascorbic acid or citrus fruits may be provided for children and nursing mothers. In some countries it may be desirable for UNICEF to do this.

#### **Depend on foods for vitamins**

5. The committee is of the opinion that the distribution of multivitamin preparations should not be given any prominent position in the policy of UNICEF.

It is recommended that such preparations should be used solely under medical supervision.

6. Proprietary foods are, as a rule, too costly in relation to their food value to justify their purchase by UNICEF as supplementary food.

Expert nutritional advice should always be taken before contemplating the purchase of any food of this kind.

7. Canned horse meat is as valuable a source of nutrients as other kinds of meat and would be acceptable in most of the countries receiving help from UNICEF.

8. The committee wishes to draw the attention of UNICEF to certain foods which might be of value in its operations:

- a. Yeast is a valuable supplement in the form of food yeast, brewers' yeast or autolyzed yeast.
- b. Soya-bean meal contains protein which can supplement or partly replace milk protein.
- c. Canned meat supplied by Canada to UNRRA contained ground fresh bone. Such a food would provide not only protein but also calcium in good amounts and in a form which would be palatable and acceptable to the older age groups.

It is suggested by the committee that UNICEF should explore the possibility of obtaining these foods at a reasonable price for use in some part of its feeding program.

#### **Expert consultation needed**

The report further says that UNICEF should continue to consult experts in nutrition and child care throughout the planning and execution of its program, in order to ensure that this is developed along sound nutritional lines.

In an appendix to the report, the committee presents recommendations on calories and specific nutrients, as guides in planning relief feeding. These are given for infants, for children of various age groups, for pregnant women, and for nursing mothers.

The standards for calories and protein recommended are adapted from the "temporary maintenance" levels put forward by the Food and Agriculture Organization at the Meeting on Urgent Food Problems, May 1946 (Technical Supplement No. 1 of Report on World Food Situation, 1946).

At that time "temporary maintenance" was defined as "a level sufficiently high to maintain populations in fairly good health, but not for rapid and complete rehabilitation."

The committee emphasizes that the temporary-maintenance levels are in

(Continued on page 43)

# SAFEGUARD WORKING BOYS AND GIRLS

ELIZABETH S. JOHNSON

*Director, Child Labor Branch, Wage and Hour and Public Contracts Divisions, U. S. Department of Labor*

**M**ANY communities are now starting child-safety campaigns, in harmony with the national campaign begun this month by the Metropolitan Life Insurance Co. with the cooperation of the American Academy of Pediatrics, the National Safety Council, and the Children's Bureau. Though the campaign is placing its main emphasis on accidents to young children in the home, we must not forget the many accidents that kill or cripple boys and girls who are employed. Most of these accidents need not happen if the State and the community are doing everything they can to safeguard their youngsters.

For many communities the most important long-range program for the safety of young workers may be to strive for the passage of legislation that will effectively keep children from entering employment at too early an age and from taking dangerous jobs.

Child workers are more likely to be injured on the job than adult workers, and they are far more likely to suffer injuries that result in handicaps that will last a lifetime.

Boys and girls under 18, employed in manufacturing industries as a whole, have a frequency rate for injuries that is  $1\frac{1}{2}$  times as high as that for workers 18 and over. And in some types of manufacturing the rate for the younger group is more than twice as high. These rates are shown by a recent survey made by the United States Department of Labor, which arrived at the rates by computing the number of disabling injuries per million man-hours of employment.

The differences in the injury-frequency rates for the older and the younger workers indicate the need for adequate legal safeguards to keep boys

and girls under 18 from employment in occupations known to be hazardous. Even the best State laws have room for improvement in this respect.

Communities can also bring public opinion to bear on employers who fail to require the use of guards on dangerous machines or tolerate unsafe working conditions, who give inadequate supervision to young or inexperienced workers, or who are careless about obtaining

only argument against child labor, but it is an important one, and one that should make any parent—indeed, any public-minded citizen—anxious to protect children against unsafe working conditions.

Part of the work of the Child Labor Branch of the Wage and Hour and Public Contracts Divisions of the United States Department of Labor is to investigate hazards to young workers in industries where there is reason to think such hazards may be excessive.

On the basis of these investigations the Secretary of Labor has authority under the Fair Labor Standards Act of 1938 to issue hazardous-occupations orders, which have the effect of prohibiting the employment of boys and girls under 18 in the occupations that have been found to be particularly hazardous for minors.

Hazardous-occupations orders apply only to establishments covered by the



Young workers are more likely to be hurt on the job than adults in comparable occupations.

employment or age certificates for all employees under 18 years of age and for those claiming to be 18 or 19 years of age for employment in a hazardous occupation.

The danger of accidents is not the

Fair Labor Standards Act; that is, those that produce goods for shipment in interstate or foreign commerce. These orders are enforced through the regional offices of the Wage and Hour and Public Contracts Divisions.

These orders at present deal with: (1) Explosives manufacturing; (2) Driving or helping on motor vehicles; (3) Coal mining; (4) Logging and sawmilling; (5) Operating power-driven wood-working machines; (6) Occupations involving exposure to radioactive substances; (7) Operating elevators or other hoisting apparatus. (Orders covering additional occupations will be issued from time to time.)

Some States have taken action to prohibit all employment of boys and girls under 18 in one or more of these hazardous occupations, either by the enactment of special laws or through administrative regulation.

Parents who would not for a moment consider letting their teen-age son go to work in a coal mine may thoughtlessly allow him to work outside school hours as "jumper" on a milk truck or news truck.

Many youngsters have been killed or crippled as they jumped off moving trucks or dodged heavy traffic in the street.

Another kind of work that offers unexpected dangers is that of operating elevators, especially freight elevators. Work involving riding on freight elevators, as well as the actual work of operating them, has been found too dangerous for young people under 18.

These jobs may lead to accidents such as the one reported recently in a Chicago newspaper, in which a 15-year-old boy, working as a stock filler during his summer vacation, was trapped between the cab of a freight elevator and the wall of the shaft for 40 minutes, while firemen worked with acetylene torches to free his crushed leg.

#### What employers can do

Employers, whether or not they are covered by the Fair Labor Standards Act, can help to safeguard child workers by making sure that boys and girls under 18 are not given jobs involving any of the types of work covered by hazardous-occupations orders.

Even farm work is not necessarily safe for children, especially if it involves the operation of farm machinery.

One State industrial commission reports, for example, that a 13-year-old boy was crushed to death last summer

when a tractor he was operating overturned.

Among recent cases reported by another State agency is the fatal injury of a 17-year-old boy who was operating a tractor and combine to harvest soybeans. The machine became clogged and the boy stopped to clear it. When he stepped off, his clothing was caught by the revolving shaft, and he was so severely mangled that he died on the same day.

Inspectors in another State in which the shipping of corn has recently become an important seasonal industry found a number of young children operating dangerous machines, or using sharp knives, to cut the ends off the ears of corn; in one corn shed the employer said three workers had lost fingers in a single week.

Use of overcrowded and unsafe busses to carry groups of boys and girls working on farms back and forth has caused the injury of many a youngster.

For every young person killed or maimed at work, hundreds are hurt less seriously.

Child-labor laws, though far from perfect, are intended to protect children from dangerous work, and also from overlong hours, bad working conditions, and employment at too early an age.

When a boy or girl goes to work, the job should be within the protection of existing laws. An illegal job is likely to be either dangerous, substandard, or in some other way unsuitable for children.

State employment services understand this well and have a policy of refusing to refer youngsters to jobs that do not comply with State and Federal child-labor laws.

An immediate step that community organizations and citizens' groups can take toward ensuring the safety of working children is to make sure that employment certificates based on proof of age are required before boys and girls are allowed to start work and that all provisions of the child-labor laws are properly administered.

These organizations and groups can also work with local safety councils and with safety officials in State labor departments to bring about greater safety for working minors.

Reprints available in 3 weeks

## Committee Advises UNICEF

(Continued from page 41)

general considerably below the "recommended dietary allowances" of the National Research Council, as revised in 1945, and those recommended by expert committees of the League of Nations in various reports. The "recommended dietary allowances" for calories and protein of the National Research Council are also shown in the appendix, interpolated to correspond to the same age groups for comparison.

Recommendations are also presented with regard to quantities of calcium, iron, and iodine; also of vitamins A and D, thiamin, riboflavin, and ascorbic acid. For fully satisfactory nutrition, however, the committee recognizes that larger amounts of some of these nutrients may be required.

#### To salvage child life

In its concluding statement, the report says:

This committee, composed of doctors and nutrition experts with experience in the problems of child nutrition and knowledge of the great needs of children and mothers in many parts of the world at the present time, strongly supports the aims of the United Nations International Children's Emergency Fund.

Children in many lands are suffering from the effects of prolonged undernutrition and malnutrition, and from lack of other necessities of life. They need more and better food for satisfactory mental and physical development. Expectant and nursing mothers must be well fed and well cared for, if they are to bear and nourish healthy children.

There can be no more important objective than the salvaging of damaged child life and the building of strong and healthy men and women who can play a full part in the reconstruction of a devastated world.

The world cannot hope for a better future unless it looks after its children.

Much can be achieved by the careful and well-organized expenditure of money and effort on the feeding and care of necessitous mothers and children.

International action to promote the well-being of mothers and children will, moreover, foster a spirit of friendship and cooperation between nations.



## WHY A MIDCENTURY WHITE HOUSE CONFERENCE ON CHILDREN?

At the latest count, 32 States have commissions or committees on children and youth. Many of these are putting their plans for a 1950 White House Conference at the top of their agenda. As interest in this significant event spreads in States and

communities, the values to be gained from such a conference grow sharper in outline. The statement that follows epitomizes the many arguments that have been given for mobilizing the interest and energies of citizens in working toward this event.

Many reasons point up the need for holding a conference in 1950 to give the Nation a chance to take a look at what children need for wholesome growth and development, how many of them are getting the opportunities they need, and what the Nation's goals for children should be for the decade ahead.

The year 1950, the halfway mark of the century, after two world wars and a major depression, is a logical time to take stock of children and the Nation's efforts and resources for serving them.

The world in which today's children are growing up is in an upheaval of change—social, political, economic, and scientific. New forces, such as the radio, motion pictures, comics, and new inventions, are affecting their environment. These new forces and the changes taking place need to be examined for their effects upon children.

The past 50 years have seen more developments affecting the health, education, and welfare of children in this country than any other 50 years in history. But the benefits from the advances are inequitably distributed. Far more is known than is applied. In this critical time it is vital to measure the gains and the gaps so as to improve the score for all children.

Many millions of children the world over have been the victims of war—destroyed, orphaned, maimed, starved, tortured, undernourished. American children, though suffering much less than those in other lands, have not entirely escaped. They have experienced family tensions and anxiety, separations, shifting homes.

They have felt the repercussions of violence and cruelty of history's most

disastrous war and been subject to the after-effects of general upheaval. These effects need to be evaluated.

New directions are needed. Progress in human relations lags far behind progress in the physical sciences. New ways of assuring to people greater happiness, security, and peace must be discovered. Focusing on the physical, emotional, mental, and social growth of children, on their relationships in families, communities, the Nation, and the world can help lay the foundation for better understanding of all human relationships.

### In a great tradition

A Midcentury White House Conference on Children would be the fifth such conference under Presidential auspices. Each decade since 1909, under both Republican and Democratic administrations, there has been a conference to consider the welfare of children. Each of these conferences differed in some respects from the others.

The first, held in 1909, was called by President Theodore Roosevelt. Its primary concern was the dependent child. It set forth principles in this field that have guided social workers in all the years since. It took a long step toward creation of the Children's Bureau in the Federal Government to speak for the interests of all children.

The second was held in 1919, initiated by President Wilson. It emphasized minimum standards of child welfare and focused national attention upon child-labor legislation, protection of mothers and infants, educational opportunity, and children in need of special care. The Washington conference

was followed by eight regional conferences. The Nation-wide concern for maternal and infant care aroused by these conferences helped pave the way for the Sheppard-Towner Act, under which the Federal Government for a limited period provided funds to aid the States in care of mothers and infants.

The third was held in 1930, called by President Hoover. It brought together representatives of all fields concerned with the welfare of children—medical, public health, education, and social services. The findings represented the most comprehensive diagnosis of the needs of *all children* and statement of goals for their welfare and protection that ever had been made. This conference contributed to the organization of the American Academy of Pediatrics. The many reports that resulted from the conference have been a major resource for all groups working in the fields of child care.

The fourth was held in 1940, called by President Franklin D. Roosevelt. Meeting as war approached, the conference had as its main consideration the welfare of children in a democracy. It defined objectives which would build toward democratic citizenship for children and uphold the strengths of democracy in their environment. It emphasized the need to mobilize resources—Federal, State, and local—to strengthen services to children.

Katherine Glover

### • IN THE NEWS

#### For the Health of the World's Children

Katharine F. Lenroot, Chief of the Children's Bureau, who is the United States representative on the Executive Board of the United Nations Children's Emergency Fund, attended the first part of the meeting of the board. The meeting took place at Geneva, Switzerland, July 16-22, 1948.

As one of the three United States delegates to the First World Health Assembly, held at Geneva, Switzerland, June 24-July 24, Dr. Martha M. Eliot, Associate Chief of the Children's Bureau, took part in the deliberations of

the Assembly. Dr. Thomas Parran, Medical Director, Public Health Service, Federal Security Agency, was chairman of the delegation. The third delegate was Dr. James R. Miller, Trustee, American Medical Association.

## Dallas Improves Care for Premature Infants

In Dallas, Tex., prematurely born babies now have a better chance for life, as a result of the active interest and co-operation of many individuals and agencies.

Parkland Hospital, the city-county hospital of Dallas, has recently completed a 22-bed unit for premature babies, and it was filled to capacity within a week.

When the unit was projected, the State health department offered assistance and loan equipment, but only if the hospital provided more adequate facilities. The hospital was unable to finance in full the construction of the unit, but local labor unions, contractors, architects, and others, stepped in to help, and donated not only the labor for the remodeling, but also some of the material, such as flooring, electrical appliances, and paint. The State health department advised on standards for constructing the unit, and lent basic equipment for the new center, including incubators, bedside tables, and scales.

Through the Dallas Pediatric Society a pediatrician was appointed to help with the project.

The city health department is providing follow-up nursing services for all premature infants discharged from the hospital.

## North Carolina Fights Polio

Facing one of the worst epidemics in its history, the State of North Carolina has rapidly organized its resources to save lives of children and to prevent crippling. Medical and hospital care are being provided in several centers in different parts of the State so that children can receive care near their own homes. This development of several hospital centers is in contrast to conditions during the 1944 epidemic, when care was concentrated in one center.

A notable advance is the establishment of physical-therapy services as a part of the total care provided in the hospital centers.

Convalescent care is being provided at several centers. As rapidly as possible children will be transferred from hospital beds for acute cases of poliomyelitis to convalescent facilities.

## For Research in Child Life

Organization of a clearinghouse of current research in child life has begun with the appointment of Dr. Clara E. Councell to the staff of the Children's Bureau. Dr. Councell will be responsible for setting up and directing the clearinghouse as an aid to professional people in the exchange of information on research.

The clearinghouse is being developed in response to recommendations of professional organizations and advisory committees to the Bureau, primarily to aid research workers and organizations in keeping abreast with research in progress.

Research in the social, cultural, psychological, and physical aspects of child growth and development, in cultural patterns affecting family life, and in the development of health and welfare services for children is now going on in many universities, schools, and centers throughout the country, but until now there has been no one place where a research worker in the field of children can find out what other people are doing in the same field or in fields related to this work.

Many projects require months, and even years, for completing. Thus it is some time before the published findings become generally available. Meantime, work on one project might be modified and made more effective if researchers knew about others going on at the same time in related fields. The Children's Bureau clearinghouse, it is hoped, will provide a systematic way of keeping professional research workers informed on current projects as they are planned and as they develop. It should also tend to stimulate more research in child life, particularly some specialized fields where it is lagging or lacking altogether.

Dr. Councell comes to the Bureau from the Institute of Inter-American Affairs, an agency of the Department of State, where she assisted in keeping professional people in Latin America informed of current research in medicine and public health being carried on in the United States. Previous to this post she was on the staff of the United States Public Health Service, working primarily in the field of public-health methods.

## For Children With Rheumatic Fever

A program of comprehensive services to children with rheumatic fever is to be developed during 1949 by the New York State Department of Health with the assistance of a grant of \$50,000 from the Children's Bureau under the Social Security Act. This makes

25 States with programs for the care of children with rheumatic fever.

The New York program will give care to children in Syracuse and Rochester health districts. These two areas will serve as models for the development of other rheumatic-fever programs. Complete coverage of the State is the goal.

The Syracuse district comprises four counties, with a population of about 466,000; the Rochester district, three counties, with a population totaling about 530,000. The two districts have been chosen because of the availability of qualified consultant services and of special institutions for convalescent care, the presence of medical schools in the two cities, local interest in rheumatic fever, and the probability of developing strong community support.

A broad range of professional services has been planned. Diagnostic and consultation clinics will be held both in the two cities and in outlying areas for children having, or suspected of having, rheumatic fever.

Medical and hospital care in pediatric units of general hospitals will be provided for acutely ill children, either with first or later attacks of rheumatic fever. Existing convalescent facilities in the two cities will be utilized. The program also contemplates developing foster-home care for convalescing children. Active case-finding and follow-up programs have been outlined.

## Georgia Commission Studies Laws Concerning Children

The Governor of Georgia has recently reactivated the children's code commission to study the laws affecting the lives of children. A group of 10 persons, representing leading State agencies and organizations, the legislature, and the courts, has been appointed to serve on the commission. Miss Florence van Sickler, of the State council of social agencies, Atlanta, is acting chairman.

## Prenatal Clinics Can Point to Good Record

Of the 84,870 women in Alabama whose infants were born in 1947, 10,015 attended the health-department prenatal clinics during their pregnancy. The maternal mortality rate for women who attended the clinics was 1.2 per 1,000 deliveries, or one-half the rate (2.4 per 1,000) for those who did not attend. The stillbirth rate was 20.4 per thousand deliveries for the infants of women who attended the clinics, as compared with 29.0 per 1,000 deliveries among those who did not go to a prenatal clinic.

## Nutritionists Hold Workshop in Supervision

A 3-week workshop for nutritionists in supervisory positions in State health departments was held July 1-20 by the Department of Public Health Nutrition of the University of North Carolina School of Public Health. Nutrition supervisors from 14 State health departments attended, as well as one coordinator of field experience for graduate students in public-health nutrition.

Major areas of discussion included the nutrition supervisor in the organization of the health agency, the nutrition supervisor and program planning, and the job of supervising.

Consultants assisting in the workshop represented many fields. These include public administration, personnel management, public-health nutrition, hospital administration, nutrition research, health education, public-health nursing, agricultural extension, social sciences, public welfare, and education.

### • FOR YOUR BOOKSHELF

**TRENDS IN SOCIAL WORK**, as reflected in the Proceedings of the National Conference of Social Work, 1874-1946, by Frank J. Bruno. Columbia University Press, New York, 1948. 387 pp.

In its three-quarters of a century the National Conference of Social Work, the successor of the original Conference of State Boards or Conference of Charities (later the National Conference of Charities and Correction), has either led the country's thinking on social problems or, as Mr. Bruno says in his "Trends in Social Work," has reflected the current thinking of the times.

Here we can observe the changes that have taken place in attitudes toward such things as poverty, child dependency, mental illness, and the control and treatment of delinquency and crime.

Mr. Bruno presents these developing ideas in three periods, each a quarter of a century. The subjects are those that "seemed to be prominent in the minds of conference members," many of whom have been outstanding leaders. Some of them are merely names to present-day social workers, who little realize what high intellectual capacity they had and how deep was their passion for social justice. It is good to have these attributes brought to our attention and to be reminded of our heritage from these earlier social planners.

It is not only in the last quarter century that social-work leaders have concerned themselves with the causes of

social problems and their prevention. This is part of our inheritance, though Mr. Bruno believes that the National Conference of today still reflects a lack of concern for the underlying causes of poverty, which was one of the weaknesses of its earlier approach.

In reporting trends Mr. Bruno has not confined himself only to records of the National Conference of Social Work, but has discussed also other movements and organizations that represent milestones in social progress. One of these is the establishment and service of the Children's Bureau. He has much that is favorable to say of the Bureau's leadership, but he confines his comments to the leadership offered under the Bureau's basic act, and says nothing of its influence in the development during the last 12 years of public social services to children under the Social Security Act.

On the whole, Mr. Bruno's book gives a stimulating picture of social-work planning on an ascending scale.

Mary S. Labaree

**A COMMUNITY PLANS FOR ITS CHILDREN**; final report, Newport News (Va.) project. Federal Security Agency, Social Security Administration, U. S. Children's Bureau Publication 321. Washington, 1947. 54 pp. Single copies free.

The Newport News project was a wartime experiment, planned in 1942, to discover methods by which community resources could be quickly and effectively mobilized to meet the problem of prevention and control of juvenile delinquency. The Bureau of Public Assistance of the Social Security Board and the Children's Bureau of the U. S. Department of Labor, in cooperation with the Virginia Department of Public Welfare, sponsored the project.

Two progress reports have been issued jointly by the sponsoring Federal agencies at two stages in the development of the project. The third and final report summarizes and evaluates the project from its initiation, through its interruption in July 1944, to its termination on March 1, 1945.

**ANNUAL REPORT, 1947.** Play Schools Association, 119 West Fifty-seventh Street, New York 19, N. Y. 20 pp.

That the Play Schools Association had requests during 1947 for 7,000 of its publications—twice as many as in 1946—from all 48 States and from many foreign countries, is testimony to the interest people are taking in the work of this organization.

The association, describing its work, says in this annual report that it attempts to bring together children's disjointed experiences and to integrate

them in a program for coordinated living. Play schools, it says, "develop work-play activities that contribute to emotional growth; they demonstrate the use of carefully chosen play materials and equipment that foster and promote that growth; they are constantly sensitive to the need for providing experiences, skills, and interests which are not occasional or haphazard or mere busy work, but which are designed to enrich children's lives" in the future as well as in the present.

Marion L. Faegre

**PSYCHIATRY FOR THE PEDIATRICIAN**, by Hale F. Shirley, M. D. Commonwealth Fund, New York, 1948. 442 pp. \$4.50.

Despite the quantity of current psychiatric literature, there has been a notable lack of translation of knowledge of emotional processes and personality problems as they apply to other medical fields. The need for such an interpretation has been very great in pediatrics, and this book makes an excellent start in conveying psychiatric ideas into the practice of pediatrics.

Written for the psychiatric novice, this book expands current ideas of growth and development and stresses the emotional phases of this maturation process. The problems involved in aberrations of normal growth are discussed under physical, intellectual, emotional, sexual, and finally environmental factors. Case histories are used liberally and well. Considerable space it allotted to methods of elucidation of children's problems and the practices of therapy that are current today.

Henry H. Work, M. D.

**A GUIDE TO CHILD-LABOR PROVISIONS OF THE FAIR LABOR STANDARDS ACT.** Wage and Hour and Public Contracts Divisions, United States Department of Labor. Child-Labor Bulletin No. 101. 16 pp. Free on request from the Wage and Hour and Public Contracts Divisions of the United States Department of Labor, Washington 25, D. C.

In addition to listing the child-labor provisions of the Fair Labor Standards Act, which set a general minimum age of 16 for employment subject to the act, the bulletin lists the seven hazardous-occupations orders, which establish a minimum age of 18 in occupations declared by the Secretary of Labor to be hazardous for young workers. Easy-to-read questions and answers are included to help employers in their efforts to avoid violations.

As a further aid the bulletin calls attention to other Federal laws having child-labor provisions and indicates to employers how they may obtain proof of age for all the minors they employ.



**REPORT OF THE NATIONAL CONFERENCE ON SOCIAL WELFARE NEEDS AND THE WORKSHOP OF CITIZEN'S GROUPS.** National Social Welfare Assembly, Inc., 1790 Broadway, New York 19, N. Y. 1948. 69 pp. Single copies, 25 cents; 10 or more, 15 cents.

"This report is prepared for the individual citizen and the national or local organizations that desire to help meet the needs of people." These words, on the flyleaf, give an apt description of this report.

The National Conference on Social Welfare Needs, which met January 26-28, 1948, was sponsored by the National Social Welfare Assembly to inventory the social needs of the Nation and to develop action proposals to meet these needs.

The work of the conference was done by commissions on education, health, housing, recreation, social security and welfare, special services for children and youth, and citizen participation and the reports of all these groups, as adopted by the conference, are included in the pamphlet.

National citizen's groups had been invited to participate in the conference and in a Workshop of Citizen's Groups. The workshop considered and proposed ways for individual citizens and citizen's groups to participate in meeting social-welfare needs locally.

Over 350 persons attended the sessions of the six commissions, the conference, and the workshop.

Edith Rockwood

**FACTS AND FIGURES ABOUT INFANTILE PARALYSIS.** National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N. Y. Pub. 59. Revised December 1947. 30 pp.

This useful bulletin gives the incidence of poliomyelitis in the United States as a whole and in the individual States from 1915 through 1946 and the mortality from 1915 through 1945. Information from a few areas is analyzed further to bring out such factors as age, sex, and prognosis. In addition, information regarding the incidence of poliomyelitis in Canada and Europe is included for the first time.

Betty Huse, M. D.

**FOOD FOR YOUNG CHILDREN IN GROUP CARE,** by Miriam E. Lowenberg. Federal Security Agency, Social Security Administration, U. S. Children's Bureau Publication 285. Washington. Revised 1947. 40 pp. Single copies free.

This bulletin was first published in 1942 to aid persons responsible for the feeding of young children in groups, as

in day nurseries, nursery schools, and day-care centers for children of working mothers. Because of many requests the bulletin has been reissued, with revision in keeping with recent thought and information.

**THE REHABILITATION OF THE PATIENT;** social case work in medicine, by Caroline H. Elledge. J. B. Lippincott Co., Philadelphia, 1948. 112 pp.

Out of her extensive experience in work with handicapped persons, Mrs. Elledge has condensed into a small book a review of the social-work implications of the rehabilitation of handicapped persons. The volume should be of value not only in the training of medical social workers but also in the orientation of other professional persons working with handicapped persons. Physicians, nurses, rehabilitation workers, teachers of exceptional children, and social case workers in family or child-welfare agencies should profit from reading this book.

In addition to its brevity the book has the advantage of making interesting reading. It is freely interspersed with well-selected case histories. Necessarily the case histories are simplified and may at times seem dramatically successful. Except by inference, they do not attempt to instruct the reader in the technique of case work with handicapped clients, since the basic skills of the medical social worker are deemed to be just as readily applicable to the problems of the handicapped person as to those of other patients. Rather an attempt is made to present the usual types of problems encountered so that the medical social workers will be on the look-out for such problems and will participate more effectively in the team-work approach to their solution.

Two chapters entitled, "Whose job is rehabilitation?" and "Teamwork in rehabilitation" present the role of the medical social worker and her relation to other workers and community resources in the rehabilitation of handicapped persons.

Three other chapters, entitled "How does he feel about his handicap?" "What are his future possibilities?" and "Some special considerations in success and failure" recount in simple though comprehensive fashion the attitudes of patients, family, and professional workers which must be considered in aiding the patient toward social adjustment.

For hospital internes, ward nurses, and other workers who do not ordinarily consider themselves to be in the field of rehabilitation but are more often concerned with the care of patients with acute illness, the book can be recommended because of the philosophy embodied in Mrs. Elledge's statement that

"the rehabilitation process starts the moment it is known that a physical impairment is to be reckoned with in the future."

Samuel M. Wishik, M. D.

A limited number of copies of the following reprints from *The Child*, in the field of mental health, are available for distribution. Single copies may be had without charge until the supply is exhausted.

**Coordinating Mental-Hygiene Work for Children.** Briefed from "Mental Hygiene for Children and Youth," a joint committee statement submitted in February 1945 to the committee on plans for children and youth of the National Commission on Children in Wartime. (The complete statement, in mimeographed form, is also available.)

**Mental Hygiene in the Child-Health Conference.** By Martha W. MacDonald, M. D.

**Mental-Health Services in the Health-Department Program.** By Kent A. Zimmerman, M. D.

## • CALENDAR

**Sept. 26-Oct. 1**—Thirtieth National Recreation Congress. Omaha, Nebr.

**Sept. 27-29**—President's National Conference on Industrial Safety. Sponsored by the U. S. Department of Labor. Washington, D. C.

**Sept. 27-29**—United States National Commission for UNESCO. Fifth meeting. Boston, Mass.

**Oct. 7-9**—National Association for Nursery Education. Chicago, Ill.

**Oct. 10-13**—National Council of Negro Women. Washington, D. C.

**Oct. 10-17**—Second Brazilian Conference on Child Care and Pediatrics. Curitiba, Paraná, Brazil.

**Oct. 16-17**—Executive Section, National Child Welfare Commission, American Legion. Miami, Fla.

**Oct. 18-21**—National League to Promote School Attendance. Annual convention. Birmingham, Ala.

**Oct. 18-22**—Thirty-sixth National Safety Congress and Exposition. Chicago, Ill.

**Oct. 19-22**—American Dietetic Association. Thirty-first annual meeting. Boston, Mass. (House of delegates meets Oct. 18.)

### Photographic credits:

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## FOR EVERY CHILD

In this issue of *The Child* Geraldine M. Aves, of England's Ministry of Health, tells of the potentialities of social services in that country's planning for the welfare of its children.

In her definition of social services to children, Miss Aves places emphasis on giving *every child* maximum opportunity. This idea represents one of the great advances we have made in the social service field.

We are getting away from the idea that social services are identified with classes of people. We are beginning to realize, first, that disaster may strike anywhere and that social services therefore must deal with human problems wherever they are; secondly, that social services are a resource that provides opportunity for everyone to develop his personality "for his own happiness and for the benefit of society."

Miss Aves makes us keenly aware of the fact that what our country does, or fails to do, for its children affects the welfare of all children everywhere. This places a serious responsibility upon all of us engaged in child-welfare work. It means that the vision and foresight that we bring to our work, the soundness of our philosophy, and the success of our efforts will be weighed and measured by other countries in their efforts to find ways of improving child life in the world.

It is often true, however sadly, that social advances occur on the heels of a major disaster. In England the Second World War brought the realization that the central Government must take more responsibility for providing social services to the people, and employment of trained and experienced social workers was recognized as a necessity.

In this country the financial depression of 1929 brought greater realization of public responsibility for people in need and of the growing concept of public social services, with the Federal Government sharing in these responsibilities. Here, as in England, the war years brought into sharp focus the effects upon family and child life of dislocations, separations, movements of population, crowded housing, and lack of community facilities.

Thirteen years ago the Social Security Act was passed—a great step forward in providing economic aid for certain groups, and in public acceptance of responsibility, even though limited, for the social well-being of the people. This act needs to be expanded and broadened so that public responsibility for meeting the problems of families and children may be more fully met.

England's "Children Bill," which became an Act of Parliament June 30, 1948, has great significance for child life. It embodies certain fundamental

concepts that are significant in the development of child-welfare services here. It places responsibility first upon the local authorities. Thus, it keeps services to children close to the families and the communities. And it provides that the central Government must share in the cost and must carry certain overall responsibilities, so that children may be equitably served. This act, along with other proposed measures, is designed to meet the needs of *all* children.

It carries *full* responsibility for children deprived of normal home life. Parental rights will be safeguarded in that children can be cared for while remaining under the guardianship of their own parents. It recognizes the need for a variety of services for children who are dependent, neglected, or delinquent, such as foster-family homes, institutions, temporary detention homes, and reception homes. It emphasizes qualified personnel.

We in the United States also have recognized these needs in planning for child welfare in this country. It remains to be seen how quickly and how adequately they will be fulfilled for the benefit of all our children and for society as a whole.

*Mildred Arnold*

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Children's Bureau.

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# the CHILD

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